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NOSTALGIA AND MALINGERING IN THE MILITARY DURING THE CIVIL WAR

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Nostalgia

The American Civil War witnessed a revival of nostalgia, a mental disorder that had created problems for armies for centuries.

It is not within the scope of this study to trace the origins of nostalgia in detail. If we were to attempt this we might begin in early biblical times and consider the words of the psalmist: "By the waters of Babylon, there we sat down, yea, we wept, when we remembered Zion" [1].

As early as 1569, a Swiss officer reported that one of his cadets had succumbed to homesickness. References to this problem can also be found in the first half of the seventeenth century.

In 1688 Johannes Hofer, a medical student in Germany, wrote a dissertation on the subject. He was the first to use the term "nostalgia" and to identify it as a disease. He described the symptoms as anorexia, insomnia, slow fever, irritability, anxiety, and a general wasting away of the organism. Hofer pointed out that separation from the homeland was the basis of this ailment and that an "afflicted imagination" was an important cause of this malady. In the course of his description of this "wasting disease" he used such expressions as "nervous fluid" and "the animal spirits" [2].

During the seventeenth and eighteenth centuries, this malady attracted the attention of German physicians. Prominent also in the consideration of nostalgia were the Swiss, who seemed to have particular problems with this malady. It was believed, incorrectly, that those from the vicinity of Bern were especially susceptible to homesickness when they left their native habitat. However, at various times people of Scot-

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land, Wales, Ireland, Lapland, and almost every country showed symptoms of this problem. Beginning at about the time of the French Revolution and extending into the nineteenth century, the French physicians became very concerned with problems of nostalgia in their military ranks. Nostalgia was of epidemic proportions in the French army of the Rhine in 1793 [3].

The official records of noninfectious diseases in the federal army during the American Civil War reveal 5,213 cases of nostalgia and 58 deaths from this malady among white troops from May 1861 to June 30, 1866. The record for "colored troops" reveals 334 cases of nostalgia and 16 deaths [4]. The number of cases of nostalgia is relatively small when compared with such diseases as rheumatism and typhoid, yet the cases which were labeled nostalgia posed a perplexing problem in some areas for the army during the entire duration of the war.

During the early years of the conflict the number of cases of nostalgia among Northern troops increased. In the year that ended June 30, 1863, 2,057 cases and 12 deaths were reported. The next year the number of cases decreased by 800, and the last year of the war the number of cases dropped markedly, although deaths continued to increase slowly but steadily. The year following the war brought a drastic drop to less than 200 cases [4]. The decline after 1863 was due in part to the type of men being taken into the service and the more realistic view of the duration of the war at this time.

It was generally felt that nostalgia was most prevalent among the young recruits, and partly for this reason the surgeon general favored increasing the age for induction from 18 to 20 years.

Early in 1863, the assistant surgeon general, Dr. Dewitt C. Peters, described nostalgia as found in the military at this time: "... a species of melancholy, or mild type of insanity, caused by disappointment and a continuous longing for the home . . . and is daily met with in its worst form in our military hospitals and prisons, and is especially marked in young subjects" [5]. Dr. Peters then elaborated on the symptoms of this disorder: "First, great mental dejection, loss of appetite, indifference to external influences, irregular action of the bowels, and slight hectic fever. As the disease progresses it is attended by hysterical weeping, a dull pain in the head, throbbing of the temporal arteries, anxious expression of the face, watchfulness, incontinence of urine, spermatorrhea, increased hectic fever, and a general wasting of all the vital powers. The disease may terminate in resolution, or run on into cerebral derangement, typhoid fever, or any epidemic prevailing in the immediate vicinity, and frequently with fatal results" [5]. Three centuries earlier Hofer had listed symptoms of nostalgia as "continued sadness, meditation only of the Fatherland, disturbed sleep either wakeful or continuous, decrease of strength, hunger, thirst, senses diminished, and cares or even

palpitations of the heart, frequent sighs, also stupidity of the mind—attending to nothing hardly, other than an idea of the Fatherland—to which the various diseases finally succumb” [2, p. 38b].

The number of deaths reported from nostalgia requires an explanation. Those who exhibited signs of acute nostalgia suffered a decline in health generally and a greater susceptibility to various other diseases which lurked in and around most of the camps, field hospitals, and prisons. When a soldier lost interest in eating, in exercise, and in social intercourse generally, he became rundown physically and an easy prey to various other diseases. Thus, strictly speaking, other causes of death might well be included in the records along with or instead of nostalgia. Also, those suffering from other primary diseases often became victims of nostalgia when their spirits became low and they began to yearn for the familiar scenes and friends back home.

Surgeons who dealt with this problem in the Civil War seemed to be in general agreement that there were two classes of soldiers who were most susceptible to being troubled with nostalgia: “young men of feeble will, highly developed imaginative faculties and strong sexual desires, and the second group were married men who for the first time were absent from their families” [4, p. 885].

Early in 1864, a significant and provocative paper entitled “Nostalgia as a Disease of Field Services” was read before the Medical Society of the Second Division, Third Corps of the Army of the Potomac. This was presented by J. Theodore Calhoun, M.D., assistant surgeon of the U.S. Army and surgeon-in-chief of the Second Division, Third Corps. This paper summarized what was known at that time about nostalgia as it was manifested by those serving in the field.

Calhoun’s experience led him to conclude, “The very existence of nostalgia, presupposes a state of mental depression, extremely favorable to the contraction of disease. . . . The state of mental depression, that is co-existent with nostalgia, acts as a predisposing cause of these diseases, or . . . is co-existent with them. Sometimes the nostalgia is, on the contrary, produced by other diseases” [6]. He suggested ways of managing this rather baffling condition.

Surgeons of the medical society at which Calhoun presented his paper followed his presentation with a discussion of the subject. In the main, those who spoke agreed with the ideas set forth by Calhoun, but there were some different and qualifying comments. One participant preferred to apply Dr. William Hammond’s term “crowd poisoning” rather than nostalgia. The term “crowd poisoning” was also used in the Confederate army. It was hypothesized that men from the country were more susceptible to nostalgia because of their earlier life in the pure atmosphere of fresh air and sunlight. Those coming from the city were not as easily affected, it was affirmed, by the “poisonous effluvia”

generated in crowded camps. Several in the group agreed with these explanations. This paper and the discussion that followed provide a cross section of views that prevailed among medical men on the question of nostalgia among the troops in the Civil War.

Contemporary accounts tell of the fresh, youthful volunteers who left home filled with patriotic impulses, stimulated by new associations, and anxious to serve their country. If they came from a rural area they were usually in better health than those from urban areas. In a short time the novelty of army life wore off. The long marches, guard duty, and various hardships to which they were exposed blighted their hopes. The less exciting the prospects before them, the more their minds reverted to home and family. Thus, the process was accelerated.

Those in the cavalry tended to resist nostalgia more readily than those in the infantry. Pleasant physical activity on horseback proved helpful to the former. Attachment to one's horse, it seemed, helped to dissipate the despair that some others experienced.

Although, as was repeatedly affirmed, the young were particularly susceptible to nostalgia, older persons were not always free from this problem, particularly if they came from well-adjusted homes and if they had been surrounded by a reasonable amount of the comforts of life. Being in prison often aggravated the problem because it increased the routine and tedium of military life.

After the war ended, one participant wrote his recollections of an older person, in prison who had succumbed to nostalgia. This was a middle-aged soldier described as a reasonably intelligent, fairly well read person, a competent mechanic who, before entering the army, had experienced what appeared to be a happy family life. From the outset in the army he was disenchanted: "He would sit for hours with his face in his hands and his elbows on his knees, gazing out upon the mass of men and huts, with vacant, lack-luster eyes. We could not interest him in anything. We tried to show him how to fix his blanket up to give him some shelter, but he went back to work in a disheartened way and finally smiled feebly and stopped" [7]. His mind seemed to be fixed on his wife and children. When he first arrived he ate his rations, but then he began to reject them. In a short time he was delirious with hunger and homesickness. "He would sit in the sand for hours, imagining that he was at his family table, dispensing his frugal hospitalities to his wife and children. . . ." Shortly after this, he died.

There was another type of soldier whose behavior resembled in some respects the behavior of those affected by nostalgia, but there were distinct differences. This type was a recluse by nature. Soldiers of this kind remained by themselves but obeyed orders well and did everything that was expected of them. They were pleasant to others but conversed in monosyllables when they felt compelled to converse at all. Guard duty

suiting their nature and provided them the solitude they craved. This type made ideal soldiers in many respects, serving the cause exceptionally well.

An important source of information concerning the disorders of the mind that appeared during the Civil War are the Annual Reports of the Superintendent, Dr. C. H. Nichols, of the U.S. Government Hospital for the Insane in Washington, D.C. (officially called St. Elizabeth's Hospital since 1916). These reports of the Board of Visitors contain much statistical information along with certain comments and observations by the superintendent. The variety of diseases listed in the hospital register includes such diagnoses as acute mania and dementia. Occasionally the reports list nostalgia as a cause for hospitalization [8].

Under the general rubric of melancholia there is a list for acute nostalgia which was cumulative from the time the hospital was established in 1855. Nichols's first report mentions six patients with acute nostalgia. There was a slow increase of cases in this category toward the end of the war but nothing dramatic enough to warrant any general interpretations.

By the midpoint of the Civil War, this hospital was admitting more mental patients of all types than had ever been admitted into any similar hospital in the country. Near the close of the Civil War Nichols reported that 83 percent of the total admissions at that time were from the military.

During the course of the war, military surgeons discussed methods of handling cases of nostalgia. Idleness was considered one of the most persistent abettors of this difficulty. Soon the idea was widely adopted that hard work was the best cure. Records were cited which indicated that battle activity and preparation for such activity tended to cure many individuals and sometimes whole regiments of this malady. Calhoun offered the observation that "the Battle of Chancellorsville cured the regiment [of nostalgia] and it has since enjoyed as good health as any in the division" [6, pp. 131–132].

Another tactic was to attempt to arouse the soldiers from their nostalgia by accusing them of moral turpitude; they were lacking in patriotism, courage, and other manly qualities, it was asserted. By some who used this approach, nostalgia was looked upon with a degree of contempt: "gonorrhea and syphilis were not more detestable."

In discussions which followed the presentation of Calhoun's paper in 1864, a generous furlough policy was considered. The opinion among the doctors was divided. Calhoun strongly believed that the furlough system helped prevent and also cured nostalgia. In his concluding remarks on this question, he stated that if for some reason a furlough system could not be used and the soldier could not be laughed or shamed out of his condition, the final resort was to require a heavy

program of work and activity, keeping the soldier busy at all times: "idleness is a provocative of home sickness. Let the patient be hard at work all day, and he will have a relish for his rations, and will sleep soundly all night, having little time to think of home" [6, p. 132].

Following the close of the Civil War, nostalgia was virtually forgotten, and by the end of the century it disappeared from the nosology of diseases. On the eve of World War I, Dr. S. Weir Mitchell, in an address to the Physicians' Club of Chicago, stated, "Cases of nostalgia, homesickness, were serious additions to the perils of wounds and disease [in the Civil War], and a disorder we rarely see nowadays" [3, p. 29].

Malingering

Conscript armies often have had to deal with the problems of soldiers pretending to be ill to avoid duty. The motives for malingering during the Civil War were numerous and varied. Many pointed out the relationship between malingering and the bounty system used for recruitment at the time. In 1863 the U.S. government was paying \$300 to encourage volunteers to join the ranks of the Union army. Local governments sometimes added more monetary inducements to help fill their quotas. The Draft Act of 1863 allowed conscripted men to avoid serving in the military by paying a substitute. Some used this to their financial advantage. Many would have bonafide symptoms which they would conceal until inducted and then reveal their illness and be discharged, only to reenlist in another area. The selective service system was not well enough organized to detect these fraudulent practices [9].

The *Medical and Surgical History of the War of the Rebellion* pays scant notice to malingering but does point out that "cases of feigned disease frequently occasioned much mental worry to the attendant surgeon who, by virtue of his office, became invested at once with the duties of prosecutor and defender, representing on the one hand the interests of the man, and on the other those of the government. Usually, however, close watching and vigorous treatment enabled him to form an accurate diagnosis [4, p. 837].

J. T. Calhoun of the Union army wrote a column on "Feigned Diseases" which was published in the *Medical and Surgical Reporter* of August 22, 1863. He attributed their incentives as being "the desire to escape duty, or punishment, or the anxiety to keep out of a fight . . . , or to procure a discharge" [10].

A volume used by examining physicians in the Civil War was *Hints on the Medical Examination of Recruits for the Army*. The author of the original edition was Thomas Henderson, a medical officer in the army for nearly 20 years and a professor of the theory and practice of medicine at Columbian College, Washington, D.C.. The last 70 pages of this book

are devoted to the subject of feigned diseases. Malingering was looked on as “a deep-rooted vice, based on discontent or cowardice, or, to use the mildest terms, is a great weakness of character” [11]. It was recommended that great care be taken in evaluating patients, because, on the one hand, it was important for the army to detect impostors, but, on the other hand, it was preferable to let the guilty escape rather than punish innocent soldiers. Several contemporary writers on the subject emphasized the importance of knowing as much as possible about the soldier’s character and past. Other soldiers and superior officers who knew the patient might contribute helpful information. Detailed examinations were recommended to distinguish the real from the phony.

Some of the ruses were quite sophisticated. A fine-pointed blowpipe was used to inflate the areolar tissue, simulating a hernia. This would go without notice unless a careful examination was done. Tachycardia and flushing of the face were produced by inserting a peeled wild onion in the rectum. Others swallowed tobacco, producing nausea and other symptoms. The practice of chewing gunpowder and then holding vinegar in the mouth produced a furry brown tongue which the unsuspecting surgeon might diagnose as typhoid. Sometimes actual symptoms were produced factitiously, but in other instances symptoms were entirely subjective and more difficult to evaluate [10].

The lengthiest treatise on the subject of malingering published during the Civil War was written by three surgeons: William W. Keen, S. Weir Mitchell, and George R. Morehouse. With the support of William Hammond, who was at that time surgeon general, these men established an important center for the study of injuries and diseases of the nervous system at Turner’s Lane Hospital in Philadelphia. Mainly through their efforts, neurology made great strides as a medical specialty during the Civil War. These surgeons had an excellent opportunity to observe many cases of feigned diseases, and in 1864 they published their findings in an article entitled “On Malingering, Especially in Regard to Simulation of Diseases of the Nervous System” [12]. They saw this problem increasing as the war progressed, both in quantity and in ingenuity. Civil War malingerers exaggerated real disease or just blatantly feigned symptoms rather than injure themselves to cause symptoms.

If after extensive examination a soldier was still thought to be malingering even though no absolute proof was established, the trio of surgeons recommended giving the government the benefit of the doubt and returning the man to service. They realized the risk involved but felt the recruit would soon be back in the hospital if the symptoms persisted. Thus the chance of any real harm would be minimal. There were surely some faithful soldiers with illnesses hard to diagnose who suffered from this policy.

Many veteran army surgeons had recommended discharging persis-

tent malingerers since they were of no help to the army. Keen and his colleagues disagreed, arguing that in their current situation these men would only bilk the government by signing up again and receiving a new bounty. When the certainty of feigning was established, they recommended court-martial and punishment. If this were not done, they suggested returning the soldier to duty with a clear statement on his record of his history of malingering. Another suggestion was to form a "malingerer's brigade" whose members would be required to do the hardest work and to wear special clothing which would readily brand them as disgraceful malingerers.

Ether was strongly recommended as a means to detect malingering. In an early stage of anesthesia prior to unconsciousness, it was difficult for a malingerer to maintain feigned symptoms, be they paralysis of a limb or aphonia. One advantage the surgeon always had was superior knowledge of the physiology involved in a symptom. By suggesting that certain symptoms should be present to form a cohesive picture, the surgeon could trap the unsuspecting soldier in inconsistent and contradictory statements.

Lameness was frequently feigned. Detection attempts included constant observation, etherizing and baiting the man to walk, and watching the way a cane was used. A truly lame man always made the cane either precede or accompany the lame leg, never putting it down after the lame leg.

The simulation of insanity was not common since an order had been issued forbidding the discharge of insane soldiers. It was also felt that anyone feigning insanity to avoid duty must be a monomaniac. This term implied a partial insanity in which the abnormal mental state was restricted to one subject; the person may have been entirely appropriate in all other areas. The social and medical consequences of this diagnosis would have been too much to risk in an attempt to avoid military duty. Those soldiers diagnosed as insane were eventually transported to the U.S. Government Hospital for the Insane, according to a rule established by Surgeon General Joseph K. Barnes.

Aphonia was a relatively recent disease to be feigned, and 20 cases had been seen at Turner's Lane Hospital, only one of which was thought to be true dumbness. Ether was again the recommended means of detection. Under its influence most of those simulating aphonia would soon speak out with "charming forgetfulness." One man found himself talking without difficulty after the influence of the ether had worn off, and in an attempt to maintain his self-respect he fell down with hands clasped and said, "Thank God, doctors, you have restored my voice."

Epilepsy was seen frequently, with 80–90 cases being reported in Keen et al.'s article. This was difficult to evaluate, especially in a skilled simulator. Extensive discussion was devoted to this, including various

neurological signs to look for during the acute seizure episode and the postictal state. Ether was used diagnostically, with characteristic changes taking place in those who had true seizure activity compared with simulators [12].

Dr. Thomas Henderson's book suggests that in the case of blindness the man should be watched carefully when he is not aware anyone is around. He reports the case of a young Frenchman who claimed to be blind. Because there was some doubt, he was taken to the edge of a river bank and told to walk forward. He did so and fell into the river. There were people at hand to prevent his drowning, and the man was discharged. After this experience he was confronted with their continuing doubts and was promised that if he admitted to having his sight there would be no punishment. At that point, he picked up a book and read [11, pp. 163–164].

Contractions of joints were said to be often simulated. One man complained of not being able to move his right arm. When he was seen carrying a bottle of liquor under his left arm, someone tried to snatch it away, and in the urgency of the moment he used his right arm without hesitation. Another example is of a man with a crooked back who claimed he could not straighten it. He was placed in a large cask of water. It was filled, and he was given the choice of straightening his back or drowning. The man took the option which would prolong his life [11, pp. 201–202].

Joseph Janvier Woodward, M.D., assistant surgeon U.S.A., comments on malingering in his book, *Outlines of the Chief Camp Diseases of the United States Armies*, published in 1863. He notes that Florence Nightingale felt that among the British troops in the Crimea the problem of malingering was primarily one of the surgeons' ignorance rather than the soldiers' deception. Woodward felt that any careful observer had to admit that in the first 2 years of the Civil War malingering was exceedingly common. He states that "rheumatic affections are perhaps most frequently counterfeited by malingerers, and this on account of the supposed difficulty of detection." If a man claimed to have great pain in part of his body, most people thought it was absurd for a surgeon to say otherwise. Because of the difficulty with such subjective symptoms, he notes that "paragraph 85 of the 'Regulations for the Government of the Bureau of the Provost Marshal General,' issued April 21, 1863, provides that 'Chronic rheumatism, unless manifested by positive change of structure, wasting of the affected limb, or puffiness or distortion of the joints, does not exempt. Impaired motion of joints and contraction of the limbs, alleged to arise from rheumatism, and in which the nutrition of the limb is not manifestly impaired, are to be proved by examination while in a state of anaesthesia induced by ether only' " [13].

The Confederate army had its own problems with malingering, and a

few suggestions regarding these "frauds" were given by Dr. John Julian Chisolm in closing his *Manual of Military Surgery*. He felt that the study of feigned disease was important "both for the protection of the service and the detection of fraud." He also stressed the importance of a thorough history and examination, taking into account the "moral and physical condition" of the patient. He alluded to one case of pain of 6 months' duration which he cured by using a cautery and promising that if this first application were not curative, the second surely would be. Firing a pistol near the ear of someone complaining of deafness was suggested as an effective way of exposing the malingerer, as "few have such control over themselves as to withstand this trial." If a soldier feigned paralysis of an arm, it was suggested this could be readily detected by tying the good arm to the body and when the man fell asleep one could tickle his nose with a feather and watch the "palsied" arm brush away the irritant. It was known that some soldiers would use belladonna in their eyes to cause a dilated pupil and blurry vision. These soldiers were to be locked up for a few days, during which time the pupil could return to normal and a full search of the patient could be conducted [14].

A Manual of Military Surgery, or Hints on the Emergencies of Field Camp and Hospital Practice was published in 1861 and written by S. D. Gross. Chapter 12 deals with feigned diseases. Simulated incontinence of urine was thought to be best dealt with by harsh remedies. Reference is made to the use of a cold bath and to "a few lashes on the loins, with the avowed object of strengthening the parts." If lumbago was thought to be feigned, "the attack seldom long withstands the application of rash remedies, or the threatened use, if speedy relief do not arise, of the hot iron" [15].

The clever soldier continued to challenge the doctors throughout the Civil War with attempts to simulate various illnesses. Some of the motives perhaps were arguably worthy; others were based on greed, cowardice, or sloth; and others may well have been based on the workings of an ill mind. Although there was certainly a great opportunity during the Civil War to learn about psychological problems of soldiers, the medical department was ill equipped to take advantage of it. Many of those dealing with the problem were not trained, and there appeared to be no consistent method to diagnose and treat mental disorders. Many of the lessons learned had to be relearned in later wars.

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